
Subject: WIC Check Reimbursement

Effective Date: October 1, 2007

Revised from: October 1, 2006

Policy: The Kansas WIC program utilizes the Federal Reserve Banking system for vendor payment processing. The program contracts banking services with comprehensive controls and edits in place for each check presented for payment.

Reference: 246.12(f)(2)(iv)

Procedure:

1. WIC checks are deposited as all other non-WIC checks. WIC checks must be deposited by the vendor within 30 days after the "Do not use after" date. Once the check has been deposited, the bank of first deposit credits the account according to normal bank procedures.
2. All WIC checks are routed through the Federal Reserve Banking system.
3. The Kansas contracted WIC banking processor visually and electronically edits the checks. These edits include but are not limited to: missing client signatures, inappropriate use and deposit dates, missing vendor stamp, missing purchase amount, and alterations made to the check.
4. Payment of WIC checks that successfully pass the edit procedures will be processed through the banking system and result in the transfer of funds to the bank of first deposit.
5. Checks failing established edits are stamped on the face of the check with the reason(s) for failure. These checks are returned through the banking system to the bank of first deposit and ultimately to the vendor. These are considered rejected checks.

Reasons for rejected checks include:

- a. The check was used prior to the "Do not use before" date.
 - b. The check was used after the "Do not use after" date.
 - c. The computer printed authorized signatory's name has been altered.
 - d. The food descriptions and/or food quantities have been altered.
 - e. The client's authorized signature is missing.
 - f. The vendor's WIC approved stamp is missing.
 - g. The check was deposited after the "Vendor Must Deposit by:" date.
 - h. The actual purchase amount on the check is above the state allowed maximum price for the listed food items.
6. If a WIC check is deposited without the authorized vendor stamp, the check will be returned with the following imprint: Missing/Illegible Vendor Stamp - Correct and Re-Deposit. The check may then be stamped and re-deposited by the vendor.

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No other rejected checks may be re-deposited. The vendor must contact the SA to resolve all non-payment issues.

7. If the vendor believes that an error was not committed and payment is due, the vendor must contact the SA in writing for a review of the check.

In order for corrections or adjustments to be considered, requests must reach the SA within 30 days of the "Vendor Must Deposit by:" date as printed on the check. The vendor completes the Request for Reimbursement form. This form is only to be filled out in cases of extenuating circumstances. Simple processing errors or omissions are not considered extenuating.

The USDA Regional Office must approve payments totaling over \$500.00 that is more than 30 days past the "Vendor must Deposit by;" date.

If it is determined that a check is to be reimbursed, a replacement check will be issued by the SA and sent to the vendor for deposit. Replacement checks will be processed through the federal banking system.

7. If a check payment has not been received within one week after deposit of the check, this fact should be reported to the SA. The vendor should be prepared to provide the following information:
 - a. The vendor name and WIC vendor number.
 - b. The check number.
 - c. The date the check was deposited in the bank of first deposit.
 - d. The amount of the check.

The SA will research and respond to the inquiry as soon as possible.

8. Retain all deposit slips and bank statements as advised by your tax consultant.

Request for Reimbursement Form

Vendor Contact Name:	Phone #:	E-mail:
Vendor Stamp	City	County

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<p><u>Attach Cash Register Receipt Here</u></p> <p>Mail to:</p> <p>KDHE – BFH – Nutrition and WIC Services 1000 SW Jackson, Suite 220 Topeka KS 66612-1274</p>	<p>*** STATE AGENCY USE***</p> <p>Completed review of check. Findings are as follows:</p> <table><tr><td><input type="checkbox"/></td><td>Approved</td><td>Date _____</td><td>Initials: _____</td></tr><tr><td><input type="checkbox"/></td><td colspan="2">Reimbursement issued for full amount.</td><td>\$ _____</td></tr><tr><td><input type="checkbox"/></td><td colspan="2">Reimbursement issued for reduced amount.</td><td>\$ _____</td></tr><tr><td><input type="checkbox"/></td><td>Denied</td><td>Date _____</td><td>Initials: _____</td></tr><tr><td><input type="checkbox"/></td><td colspan="3">Sold over quantity of items listed on WIC check.</td></tr><tr><td><input type="checkbox"/></td><td colspan="3">Sold products not listed on WIC check.</td></tr><tr><td><input type="checkbox"/></td><td colspan="3">Missing client signature after deposit.</td></tr><tr><td><input type="checkbox"/></td><td colspan="3">Other: _____</td></tr></table> <p>State Agency Comments: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<input type="checkbox"/>	Approved	Date _____	Initials: _____	<input type="checkbox"/>	Reimbursement issued for full amount.		\$ _____	<input type="checkbox"/>	Reimbursement issued for reduced amount.		\$ _____	<input type="checkbox"/>	Denied	Date _____	Initials: _____	<input type="checkbox"/>	Sold over quantity of items listed on WIC check.			<input type="checkbox"/>	Sold products not listed on WIC check.			<input type="checkbox"/>	Missing client signature after deposit.			<input type="checkbox"/>	Other: _____		
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<p>Please describe the extenuating circumstance that led to the rejection of the check. Explain your plan of action for re-training employees to avoid a repeat of this error in the future.</p>																																	